



Patient Identification

(If the demographic report is attached and it includes any of the following data items, those data items do not need to be entered on the Melanoma Report Form.)

| PATIENT IDENTIFICATION | | | | |
|---|--------------------------------|--|---|--|
| PATIENT NAME (Last), | | (First) | (Middle) | (Maiden or Aliases) |
| PATIENT'S ADDRESS AT DIAGNOSIS (Street, City, State, Zip Code) <i>MAY ATTACH COPY OF DEMOGRAPHIC REPORT</i> | | | | |
| PATIENT'S CURRENT ADDRESS (Street, City, State, Zip Code) | | | | |
| SOCIAL SECURITY #: | DATE OF BIRTH: (mm/dd/yyyy) | SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female | RACE : (check one) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Other <input type="checkbox"/> Unknown HISPANIC ORIGIN: (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | DOES PATIENT HAVE HISTORY OF OTHER CANCER? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, what type & when diagnosed? |
| PATIENT'S USUAL INDUSTRY: | | | USUAL OCCUPATION: | |



Instructions for entering data items above

- **Patient Name:** Record the full name.
- **Patient's Address at Diagnosis:** Must be recorded for melanoma to be included in the registry as an incident case for Arizona. Record the permanent home address at the time of diagnosis; not a temporary relocation for treatment. Street address takes priority over post office box number.
- **Patient's Current Address:** Record the patient's current address if different than the address at diagnosis. A temporary relocation address or post office box number may be recorded in this field.
- **Social Security #:** Record the patient's social security number. Do not record a spouse's number.
- **Date of Birth:** Record in mm/dd/yyyy format.
- **Sex:** Check the appropriate box.
- **Race (check one):** Check the appropriate box; if American Indian, if known record the tribe.
- **Hispanic Origin (check one):** Check if the patient considers himself or herself to be of Hispanic origin.
- **Does Patient Have a History of Other Cancer?:** If the patient has a history of cancer, record the type and date when they were diagnosed. For example, check yes, prostate, 12/2011.
- **Patient's Industry:** Record the primary type of activity carried on by the business or industry where the patient was employed for most of their life prior to the diagnosis of cancer, i.e. hospital, building construction. If usual industry is not available or is unknown, record the patient's current or most recent business/industry. If no information record "unk."
- **Occupation:** Record the patient's usual occupation of work performed during most of their life prior to the diagnosis of cancer, i.e. registered nurse, carpenter. Do not record retired. If information is not available or is unknown, record the current or most recent occupation. If no information available record "unk."

Cancer Identification

(If the pathology report is attached and includes those data items specified on the Melanoma Report Form where **ATTACH COPY OF PATH REPORT** is indicated, those data items do not need to be entered on the Melanoma Report Form.)

| CANCER IDENTIFICATION <i>ATTACH COPY OF PATH REPORT</i> |
|--|
| DATE OF DIAGNOSIS: (mm/dd/yyyy) |
| PRIMARY SITE : (with description, i.e. skin, right lower arm) |
| LATERALITY: (designate right or left, check one) <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Midline <input type="checkbox"/> Unknown |
| SUBTYPE: (Type of melanoma, i.e. superficial spreading melanoma) |
| CLINICAL DIAMETER OF MELANOMA:(In millimeters) |
| SURGICAL DIAGNOSTIC PROCEDURE: Biopsy: <input type="checkbox"/> Shave <input type="checkbox"/> Punch <input type="checkbox"/> Excisional Biopsy <input type="checkbox"/> Incisional |



Instructions for entering data items on the left

- **Date of Diagnosis:** Record in mm/dd/yyyy format. The date of diagnosis refers to the first diagnosis of this tumor by any recognized medical practitioner.
- **Primary Site:** Record the site of origin of the tumor. It is important to identify the primary site and not a metastatic site. Example: skin, right lower arm.
- **Laterality:** Check the appropriate box.
- **Subtype:** Record type of melanoma. Example: superficial spreading melanoma.
- **Clinical Diameter of Melanoma:** Record the clinical diameter of the melanoma in millimeters. Record the tumor size from the primary site and not a metastatic site. Tumor size for multiple tumors within a single primary is to be coded to the size of the largest tumor. If unknown, record "unk".
- **Surgical Diagnostic Procedure:** Check the appropriate procedure performed at diagnosis.

Stage of Disease

Instructions for entering data items on the right

Description of Extension

- **Measured Thickness (depth) of Tumor (Breslow's):** Record in millimeters.
- **Clark Level/Ulceration:** Check appropriate box.
- **Mitotic Count:** Check appropriate box, if present include rate of mitoses. Usually recorded as the rate of mitosis per square mm.
- **Description of invasion into the layers of the dermis:** Record if Clark's not reported.
- **Diagnostic Confirmation:** Check appropriate box. Indicates method of diagnosis.

Regional Lymph Nodes

- **Clinical palpable nodal adenopathy:** Check appropriate box. Information usually from the physical exam.
- **Histologic nodal involvement:** Check appropriate box. Information from pathology report.
- **Indicate lymph node surgery(ies) and date(s):** Sentinel Biopsy and/or Dissection.
- **If nodal involvement, then indicate which basins positive, i.e. axillary.**

Distant Involvement

- **Distant Involvement at Time of Dx:** Indicate whether distant involvement at diagnosis. Check one. If Yes, indicate sites.

STAGE OF DISEASE

DESCRIPTION OF EXTENSION: IF PATH REPORT ATTACHED NO NEED TO COMPLETE DESCRIPTION OF EXTENSION.

Measured Thickness (depth) of Tumor (Breslow's): _____ mm

Clark Level:
 Level I Level II Level III Level IV Level V

Ulceration: Absent Present Not Reported

Mitotic Count:
 Absent Present/Rate _____ Not Reported

DESCRIPTION OF INVASION INTO THE LAYERS OF THE DERMIS, IF CLARK LEVEL NOT REPORTED

DIAGNOSTIC CONFIRMATION: Histology Cytology
 Other (specify) _____

REGIONAL LYMPH NODES: (Regional lymph node involvement)

Clinical palpable nodal adenopathy: No Yes Unk

Histologic nodal involvement: No Yes Unk

Sentinel Lymph Node Biopsy: Neg Pos

Date: (mm/dd/yyyy) _____

Lymph Node Dissection: Neg Pos

Date: (mm/dd/yyyy) _____

IF NODAL INVOLVEMENT, INDICATE WHICH BASINS POSITIVE

DISTANT INVOLVEMENT AT TIME OF DX:
 No Yes Unknown

IF YES, INDICATE SITES

Treatment

TREATMENT (1st Course) *ATTACH COPY OF PATH REPORT*

SURGICAL RESECTION: (insert margins by surgery indicated)

Wide Local Tumor Excision – With _____ cm margin

Staged Excision (Slow Mohs) – With _____ cm margin

Other (specify) _____

Date (mm/dd/yyyy) _____

Residual Tumor at Time of Surgery (if applicable): Yes No

TYPE OF Tx: (check all that apply)

Radiation Chemotherapy Hormone Immunotherapy

Unknown Other (specify) _____

Date: (mm/dd/yyyy) _____

Where Performed: _____

Instructions for entering data items on the left

- **Surgical Resection:** Check appropriate surgery(ies). Insert margins (cm) by surgery(ies) indicated.
- **Date:** Record in mm/dd/yyyy format.
- **Residual Tumor at Time of Surgery:** Check appropriate box. Indicate final status of the surgical margins after most definitive resection of the tumor.
- **Type of Tx:** Indicate all first course of treatment provided to the patient.
- **Date:** Record in mm/dd/yyyy format.
- **Where Performed:** Indicate where treatment performed.

Follow-Up

FOLLOW-UP

PATIENT STATUS: (check one)

Alive Expired As of what date? (mm/dd/yyyy) _____

CANCER STATUS: (check one)

No evidence Evidence Unknown

FOLLOW-UP PHYSICIAN: (First) _____ (Last) _____

Instructions for entering data item on the left

- **Patient Status:** Check the appropriate status. Enter date in proper format.
- **Cancer Status:** Indicates the patient's melanoma status reported for the date indicated above.
- **Follow-up Physician:** List the physician who will be following the patient for this melanoma.